

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13891**
REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **410-A**

FILED MAY 4 1953

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boone Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hosp.		d. STREET ADDRESS (If rural, give location) 5 Miles N.E. of Hartville Mo.	
3. NAME OF DECEASED (Type or Print) Willis Peterson		4. DATE OF DEATH (Month) (Day) (Year) April 22 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 12, 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Ind.
13a. FATHER'S NAME Samuel Peterson		13b. MOTHER'S MAIDEN NAME Smith	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Samuel Peterson ADDRESS Wis.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing of chest due to accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) --- DUE TO (c) --- 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ---	
19a. DATE OF OPERATION April 21, 1953		19b. MAJOR FINDINGS OF OPERATION Flail chest - Traction applied to sternum and ribs	
21a. ACCIDENT X SUICIDE HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 21, 1953, P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR Auto accident.		21g. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 8 mi. N. Hartville, Wright, Missouri	
22. I hereby certify that I attended the deceased from April 21, 1953 , to April 22, 1953 , that I last saw the deceased alive on April 22, 1953 , and that death occurred at 7:10 A.M. , from the causes and on the date stated above.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. SIGNATURE Jerry W. Allen (Degree or title) M.D.		23b. ADDRESS 500 Holland Bldg., Springfield, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/26/53	
24c. NAME OF CEMETERY OR CREMATORY Shady Cemetery		24d. LOCATION (City, town, or county) (State) Wright County, Mo.	
DATE REC'D BY LOCAL REG. 4-29-53		25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Holdren ADDRESS Hartville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 28 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm S Williams

Licensed Embalmer No. 4651

P. O. Address Hartsville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.